



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000086877</b>		2. Exact name of the Corporation <b>EQUITY ONE, INC.</b>		
3. Principal office address <b>120 Broadway, 16TH Floor</b>		City <b>New York</b>	State <b>NY</b>	Zip <b>10271</b>
4. Business Phone No. <b>(908) 316-7024</b>		5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Provided Mortgages and Consumer Loans. This entity no longer conducts business in Rhode Island.</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Brian Doran</b>		Vice-President Name <b>None</b>		
Street Address <b>120 Broadway, 16th Floor</b>		Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10271</b>	City	State
Secretary Name <b>None</b>		Treasurer Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Brian Doran</b>		Director Name		
Street Address <b>120 Broadway, 16th Floor</b>		Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10271</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		3,000,000.00	STK	\$1.0000

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 DIVISION OF STATE CORPORATIONS DIV

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date

**JUN 19 2012**

Check No

By

**BY**

**2172978**

**11:44**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

**Brian Doran**

Print or Type Name of Authorized Representative